

PLEASE TYPE OR PRINT

C

Ms.

Mr. Artist MICHAEL R. MAYOCK
(Last Name Last)

Permanent

Address 139 Cherry St Kent
Street

44240

Tel. (216) 678-0556

Zip

Area Code

Temporary

Address _____

Street

City

Tel. ()

Zip

Area Code

Permanent address is in what county? PORTAGE

Born in Cuyahoga County Yes No

Collaborator _____

(If Any)

If entries are not accepted or not sold:

- Artist will pick up entries at Museum.
 Museum should dispose of entries.
 Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature

Michael R. Mayock

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY ONE 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

MIXED MEDIA

Title

THE BRAIN

Price or NFS

\$950.00

Insurance Value
If NFS Only

Size

10½" x 12" x 12"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale

DO NOT WRITE IN THIS SECTION

1 (5)

ACCEPTED	REJECTED
<input checked="" type="checkbox"/>	<input type="checkbox"/>
FEE PAID	BY
PAID MAR	7 1973

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY TWO 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

Title

Price or NFS	Insurance Value If NFS Only	Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale

DO NOT WRITE IN THIS SECTION

ACCEPTED	REJECTED
RECEIVED	BY

DO NOT DETACH

1973 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	MICHAEL R. MAYOCK	
Address	139 Cherry St # 19	
City & State	KENT OHIO	Zip 44240

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your
notification of acceptance or rejection.

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY ONE 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

MIXED MEDIA

Title

THE BRAIN

DO NOT WRITE IN THIS SECTION

1 (5)

ACCEPTED

REJECTED



1973 MAY SHOW

Notification of Acceptance or Rejection

MICHAEL R. MAUROCK

Type or print name of artist

This is your only receipt to claim your object(s).

This notification will be mailed to you following judging.

DO NOT DETACH

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY TWO 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED